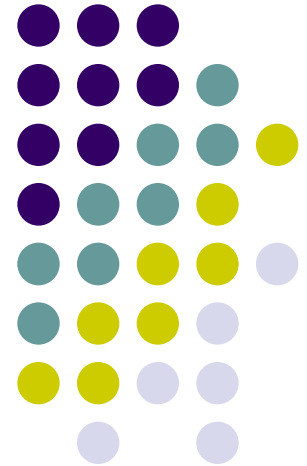# Recovery Case Management
## A Model in Progress

Presentation to PAC

May 21, 2010

Rationale Behind the Service - Nationwide

- Only 10% of those needing treatment in our nation received it in 2002; only 25% will receive such services in their lifetime
- The addictions treatment system has historically had low engagement rates and high attrition rates.
- Dropout rates between the call for an appointment at an addiction treatment agency and the first treatment session range from 50-64%
- Nationally, more than half of clients admitted to addiction treatment do not successfully complete treatment (48% "complete"; 29% leave against staff advice; 12% are administratively discharged for various infractions; 11% are transferred

Rationale Behind the Service - New Jersey
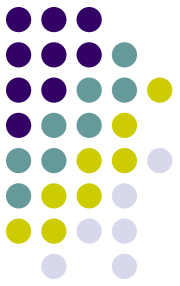
- 20% of our clients in our system spend 70% of our resources

- Approximately 54,000 served in our system each year
  - 5,690 had three or more detox episodes from 2003 to 2008 (10.5%)
  - in 2008 1762 had three or more residential episodes from 2003 to 2008 (4%)

# Rationale Behind the Service - New Jersey (cont)

- The Recovery Zone is a state of sustained recovery characterized by long periods of abstinence, gainful employment, stable housing and supportive and rewarding social and spiritual connectedness

- The goal of RCM is to facilitate a client's entrance and stabilization in the Recovery Zone

- This is done by reducing service fragmentation, promoting service continuity, and increasing clients' capacity to manage their chronic disease more effectively

Objectives of RCM

- Reduce the need for acute care
- Reduce the acuity and frequency of symptoms
- Deliver less costly and less restrictive levels of care
- Free up capacity in the treatment system to meet demand in New Jersey
- Improve outcomes
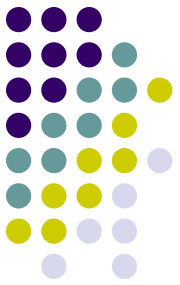
RCM Activities

- Assess and document eligibly
- Assessment of client's Recovery Capital and the Recovery Support Services needed
- Development of recovery plans
- Revision of recovery plans
- Convening team meetings with treatment and other service providers to support linkages, coordination of care and continuum of care planning
- Referral to related needed services
- Monitoring and engagement with services and supports
- Collateral contacts with family and services providers
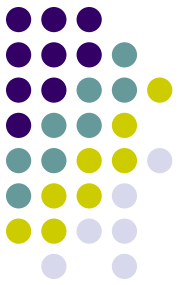
Target Population

- Repeat and frequent users of residential care
- Those in the Red Zone
- Adults with substance use disorders
- Those not eligible for case management through DCBH or DMHS
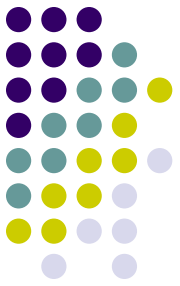
Service Outcomes

- Reduction in frequency of admissions to LTR, Detox, STR

- Increase in frequency to OP levels of care

- Decrease in duration of Detox, STR, LTR, episodes

- Reduced cost per client

Questions From DAS to Providers

1) What would be the best referral pathway into the service?

2) How do we engage clients in the service?

3) How do we engage providers to become and/or work with RCM providers/practitioners?

4) What types of housing supports do you think our system needs (for example, permanent housing, transitional housing, congregant living)?